



## Table of Contents

Page Title

### Did You Know?

1 Provider License Status

### All Providers

2 Direct Care Worker Appreciation Week  
2 ECHO Colorado  
3 PBMS Transitioning Fall 2025  
3 Provider Services Call Center Transition  
4 Secure Correspondence Decommissioning

### ColoradoPAR Program

4 What is the ColoradoPAR Program?  
5 Pediatric LTHH - PAR Resumption  
6 Hospital Admission Questionnaires  
6 Acentra Health Provider Training

### Ambulatory Surgical Centers (ASC)

7 Update to Procedure Code 36561

### Behavioral Health

7 FFS Behavioral Health Fee Schedule  
7 MHTL Homes Informational Memo Released  
8 Provider Type 35 is Discontinued  
8 State Plan or B3 Modifiers

### Home and Community-Based Services (HCBS), Home Health

8 New Assessment for DD and SLS Waivers  
9 WAwD Stakeholder Meeting Invitation  
10 New Live-in Caregiver (LIC) Panel

### Home Health

11 Acute Home Health 60-Day Limit Reminder

### Hospital

11 General Updates  
12 FY 25-26 IP Base Rates  
12 Outpatient Hospital Payment Weights

### Pharmacy, Primary Care, Durable Medical Equipment (DME)

12 Chronic Pain Treatment Resource  
13 CGM Reimbursement Option Expansion Stakeholder Meeting

## Physician-Administered Drug (PAD)

14 PA Update  
14 Quarter 2 Rate Update 2025  
15 PADs and Hospital Specialty Drugs: Policy Clarification

## Physician Services

16 Free SBIRT Training for Providers  
16 Counseling Codes G0442-G0445

## Residential Treatment (QRTPs), (PRTFs)

17 Critical Incident Reporting

## Vision

18 OPR Claim Identifier Mandate

## Provider Training

19 April 2025 Schedule

## Did You Know? Provider

### License Status

Practitioner licenses will expire with the Department of Regulatory Agencies (DORA) on April 30, 2025. Some licenses will automatically be updated. If an exact match for the provider's name is not found, the license must be manually updated through the [Provider Web Portal](#) by the provider to avoid claim denials. Providers are urged to check the status of the individual's provider license on file and update as needed.



## All Providers

### Direct Care Worker Appreciation Week is April 6-12, 2025

The [Direct Care Workforce Collaborative](#) Leadership Team sought a [joint resolution](#) in 2024 to declare the first full week of April, every year, as Direct Care Worker Appreciation Week. This year, the dates are April 6-12, 2025.

Providers are encouraged to regularly recognize the important work of direct care workers, especially during this dedicated week in April. A [Media Kit](#) has been put together to support these efforts, with social media posts, sample messages and ideas for showing appreciation to staff. The kit includes helpful resources for both workers and providers.

Contact [HCPF\\_DCWorkforce@state.co.us](mailto:HCPF_DCWorkforce@state.co.us) with any questions.

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### Extension for Community Health Outcomes (ECHO) Colorado

Online Distance Learning with the University of Colorado School of Medicine ECHO Colorado uses interactive learning and case-based sharing to connect health professionals with experts and peers at the University of Colorado's School of Medicine.

#### New Neurology ECHO Offers Access to Specialists at the Anschutz Medical Campus

The demand for neurologic care is steadily increasing, and primary care providers are at the forefront of this demand. Demand for the foundational knowledge and skills needed to confidently recognize and manage common neurologic conditions has never been more important. ECHO Colorado and the Department of Neurology at the University of Colorado School of Medicine are offering [Access to Neurology: Collaboration in Neurologic Care](#), a new 10-week learning series starting April 17, 2025. The series offers access to neurology specialists, enhancing participants' diagnostic precision and empowering them to deliver timely, effective neurologic care.

Practical case-based sessions will enable providers with the ability to differentiate presentations that can be confidently addressed through primary care from those requiring subspecialty referral. Topics include headache, dizziness, seizures, concussion, memory loss, stroke, movement disorders and more. The series is designed to foster collaboration between primary care and neurology and provide opportunities for guidance, consultation and shared decision-making.



Visit the [ECHO Colorado Register Now web page](#) for a list of upcoming ECHO presentations. [Sign up](#) to receive email notification of upcoming ECHOs.

Health First Colorado (Colorado's Medicaid program) encourages providers to enroll and participate in ECHO.

## Pharmacy Benefit Management System (PBMS) Transitioning Fall 2025

The Department of Health Care Policy & Financing (the Department) is transitioning some components of its PBMS from Prime Therapeutics (formerly Magellan) to MedImpact in Fall 2025.

### What providers should know:

- The Opioid Risk module is not changing and will continue to be managed by OpiSafe.
- MedImpact will implement and manage four (4) new PBMS modules:
  - The core PBMS
  - Rebate
  - Preferred Drug List
  - Real-Time Benefit Tool
- Contact information for the PBMS, including the call center phone number, fax number and mailing address for paper claims will change. The Department will provide this information closer to the transition date.
- The Bank Identification Number/Processor Control Number (BIN/PCN) for the pharmacy claim submission **will remain the same**. Pharmacies will submit their claims as usual.

### Why is the PBMS vendor changing?



Prime Therapeutic's contract expires Fall 2025, and the Department is required by state and federal regulations to solicit competitive bid packages from vendors on a regular basis. Through a competitive bid process, the Department selected MedImpact to implement [four \(4\) of the five \(5\) PBMS modules](#).

Visit the [Colorado Medicaid Enterprise Solutions Transition web page](#) for more information.

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## Provider Services Call Center Vendor Transition to Optum Will be Effective May 1, 2025

[Providers are reminded](#) that management of the [Provider Services Call Center](#) will transition from Gainwell Technologies (Gainwell) to OptumInsight (Optum). On May 1, 2025, Optum will officially take over management of the Provider Services Call Center.

### What is changing for providers?

- **The Provider Services Call Center phone number will change.** The Department will update the phone number on the [Provider Contact page](#) and notify providers of the new number through [regular communication channels](#).
- Providers will be able to select a callback option to avoid waiting on hold. When this option is selected, an agent will call the provider back in the order the call was received.

- The use of Secure Correspondence in the [Provider Web Portal](#) will be discontinued. **The last day to accept secure correspondence through the Provider Web Portal is April 16, 2025.**
  - The Department will share news about planned future enhancements to replace the functionality of Secure Correspondence.

#### What is not changing for providers?

- Gainwell will continue as the vendor for the Colorado interChange and the Provider Web Portal, meaning many provider-facing functionalities and processes will stay the same, including:
  - Provider Web Portal general functionality and password resets (excluding Secure Correspondence)
  - Provider payment and remittance advice
  - Provider enrollment and revalidation
  - Alternate call center supports (e.g., Member, Pharmacy, Care and Case Management [CCM], Regional Accountable Entities [RAEs]). Visit the [Provider Contacts web page](#) for a complete list of assistance resources.

Visit the [Colorado Medicaid Enterprise Solutions \(CMES\) Transition web page](#) for more information.

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## Provider Web Portal Secure Correspondence Link Will Be Decommissioned Beginning April 17, 2025

Providers who use the [Provider Web Portal](#) will no longer see the secure correspondence link on the following Portal web pages after login, beginning April 17, 2025.

- Home Page
- Member Focused Viewing Page
- Manage Accounts
- Disenroll Status

The [Provider Services Call Center](#) may be contacted to assist with questions about files that were sent through Secure Correspondence prior to that date.



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## All Providers Who Utilize the ColoradoPAR Program

### What is the ColoradoPAR Program?

The ColoradoPAR Program is a third-party, fee-for-service Utilization Management (UM) program administered by Acentra Health, Inc. Visit the [Colorado Prior Authorization Request Program \(ColoradoPAR\) web page](#) for more information about the ColoradoPAR Program.

## Pediatric Long-Term Home Health (LTHH) – Prior Authorization Request (PAR) Resumption Information

Pediatric LTHH PARs have been on pause since February 8, 2022. Prior authorization is a federal requirement per [42 CFR 456.3](#). The Department intends to fully reinstate the PAR requirement by April 6, 2026. Implementing Pediatric LTHH PARs will follow a gradual, phased-in approach to allow a smooth transition and avoid overwhelming providers.

### Soft Launch:

#### Pediatric LTHH

- Physical Therapy (PT)
- Occupational Therapy (OT)
- Speech Therapy/Speech-Language Pathology (ST/SLP)



The first phase of the PAR Resumption Plan, the **voluntary Soft Launch period**, started **February 3, 2025**, and will remain in effect until the Maintenance of Effort (MOE) for Colorado is lifted by the Centers for Medicare and Medicaid Services (CMS), **but no sooner than May 1, 2025**. Given the uncertainty of the Soft Launch's end date, Home Health Agencies (HHA) are strongly encouraged to avoid delaying the submission of therapy PARs for review.

The **Soft Launch** is a phase during which providers can submit PARs for review by Acentra Health. The outcome of the PARs **will not impact the current status of the member's benefits** during this period. The Department will actively monitor submission progress throughout the Soft Launch period and provide education to providers when necessary.

### Important dates for PAR resumption: Adult and Pediatric

PAR Resumption Timeline for LTHH PT, OT, ST, Registered Nurse (RN) and Certified Nursing Assistant (CNA) Services:

- February 3, 2025
  - Soft Launch began for PT, OT, and ST PARs
- No Sooner than May 1, 2025
  - Go-Live for PT, OT and ST PARs
  - Home Health Aides will be notified when the MOE requirement is lifted, and 30-day advanced notice will be provided before the Go-Live period begins.
- July 1, 2025
  - Go-Live for Adult and Pediatric RN and CNA PARs
- July 1, 2025 - April 6, 2026
  - Providers will be required to submit PARs for medical necessity review using a phased-in approach. Detailed instructions and timelines will be communicated prior to the start of the Go-Live period.
- April 6, 2026
  - PARs are required for all services, for all members.

Refer to [Operational Memo \(OM\) 24-060](#) for more details. The Department will continue communication via the Memo Series, and stakeholders may submit questions to the [HomeHealth@state.co.us](mailto:HomeHealth@state.co.us) inbox.

#### **Announcement of the Awarded Vendor for the Nurse Assessor:**

Telligen has accepted the award for the Skilled Nurse Assessor contract. Telligen was selected after a Department-appointed multidisciplinary evaluation committee reviewed proposals in a competitive public Request for Proposal process. The Nurse Assessor contract will be implemented effective July 1, 2025. Visit the [Nurse Assessor web page](#) for more information on the Nurse Assessor and the Skilled Care Acuity Assessment Tool.

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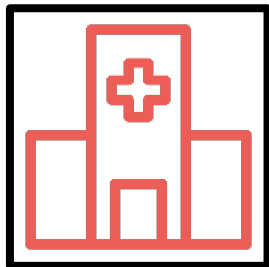
## **Inpatient Hospital Transitions (IHT) Providers**

### **Questionnaire Information**

IHT questionnaires are being verified by the Department to ensure data integrity. It was discovered that three (3) fields are often incorrect on non-Neonatal Intensive Care Unit (NICU) Questionnaires: admission date, requested start date and requested end date. The admission date should be entered in both the admission date and requested start date data fields. Enter the estimated discharge or transfer date in the requested end date data field.

The member's date of birth is often entered into these fields either due to an Electronic Health Record (EHR) interface or manual data entry error. Review submitted IHT questionnaires to see if this needs to be corrected.

Providers may continue to send inquiries to Acentra Health at [COProviderIssue@acentra.com](mailto:COProviderIssue@acentra.com) and the Department at [HCPF\\_UM@state.co.us](mailto:HCPF_UM@state.co.us).



### **Provider Satisfaction Survey**

Health First Colorado and Acentra Health are announcing the opening of the Provider Satisfaction Survey. This survey will open in late April 2025 and will remain open through the month of May. Email blasts will be sent to providers as a reminder when the survey is open and will include a link.

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## **Acentra Health Provider Training**

Beginning in April 2025, Acentra Health will provide PAR submission training for all providers and benefit-specific training for Private Duty Nursing. The training dates and times are listed below (Mountain Time).

- [Private Duty Nursing Training - April 9, 2025, 9:15 a.m.](#)
- [Private Duty Nursing Training - April 9, 2025, 12:00 p.m.](#)
- [PAR Submission Training - April 23, 2025, 8:30 a.m.](#)
- [PAR Submission Training - April 23, 2025, 12:30 p.m.](#)

PAR submission training is appropriate for all new users and includes information on how to submit a PAR using Acentra Health's provider PAR portal, Atrezzo®.

Contact [COProviderIssue@acentra.com](mailto:COProviderIssue@acentra.com) with questions or if needing assistance when registering for Atrezzo training or accessing the portal. Visit the [ColoradoPAR Training web page](#) for additional training information.

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## Ambulatory Surgical Centers (ASC)

### Update to Procedure Code 36561

The temporary addition of procedure code 36561 to Ambulatory Surgical Center (ASC) grouper 10 has concluded due to the end of the public health emergency effective May 11, 2023. This code will return to grouper 3 retroactively with an effective date of May 11, 2023. Paid claims with dates of service from May 11, 2023, to April 1, 2025, will be mass adjusted according to the appropriate grouper rate.

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## Behavioral Health Providers

### Fee-For-Service Behavioral Health Fee Schedule

The 2024-2025 State Fiscal Year [Fee-For-Service Behavioral Health Rates Schedule](#) has been posted to the [Provider Rates and Fee Schedule web page](#). Refer to the [Fee-for-Service Behavioral Health Benefit Billing Manual](#) for more information on billing Fee-For-Service Behavioral Health Services. Refer to the [State Behavioral Health Services Billing Manual](#) for more information on the requirements of billing procedure codes for Behavioral Health Services.

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## Mental Health Transitional Living (MHTL) Homes Informational Memo Released

An Informational Memo ([IM 25-007](#)) about MHTL homes was released February 14, 2025. The purpose of this Informational Memo is to inform all service providers, case management agencies, members and interested stakeholders about the differences between MHTL homes Level 1 (Transitional Living) and Level 2 (Supported Therapeutic Transitional Living).

Access the [MHTL Informational Memo](#) directly or find the document on the [2025 Memo Series Communication web page](#). Questions can be directed to [HCPF\\_BHbenefits@state.co.us](mailto:HCPF_BHbenefits@state.co.us).



## Provider Type 35 is Discontinued

Effective January 1, 2025, the Community Mental Health Center Provider Type (PT) 35 was replaced by the Comprehensive Safety Net PT 78. PT 35 was end-dated, and no claims are being paid to PT 35 as of December 31, 2024. Review the requirements for the Comprehensive Safety Net Provider on the [Find Your Provider Type web page](#). Enrolled and enrolling organization health care providers (not individuals) must obtain and use a unique National Provider Identifier (NPI) for each service location and provider type enrolled in the Colorado interChange in accordance with [House Bill 18-1282](#). Questions can be directed to [HCPF\\_BHcoding@state.co.us](mailto:HCPF_BHcoding@state.co.us).

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## State Plan or B3 Modifiers on Behavioral Health Claims

All first position modifiers that indicated a State Plan (SP) service or a “B3” service (e.g., HE, HF, HJ, HK, HM, HQ, HT, TM, TT, U4) were deleted from the [State Behavioral Health Services \(SBHS\) Billing Manual](#) on January 1, 2024.

Regional Accountable Entities (RAEs) were instructed to reject or deny claims that included the SP or B3 modifiers on claims in the first position effective for dates of service on or after January 1, 2025.

Resubmit a new claim without the SP or B3 modifier if a claim rejection is received. Resubmit either a new claim or a corrected claim without the SP or B3 modifier if a claim denial is received.

The Department is aware that some providers are experiencing denials due to the use of these modifiers and is sharing this policy again to reduce future denials.

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## Home and Community-Based Services (HCBS)

### New Assessment for Developmental Disabilities (DD) and Supported Living Services (SLS) Waivers

Effective July 1, 2025, for new adult HCBS DD and SLS Waiver enrollees only, the Supports Intensity Scale (SIS) assessment will be replaced with the Interim Support Level Assessment (ISLA) to determine the Support Level factor for provider rates for:

- Day Habilitation
- Residential Habilitation
- Supported Employment



While the assessment tool used to identify the Support Level will be different, the provider rates associated with the existing SIS Assessment Support Levels for these services will remain the same. The current rate structure of Support Levels 1-6 and the individualized Support

Level 7 cost-based rate will also remain the same. Visit the [New Assessment and Person-Centered Support Plan web page](#) for additional information.

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## Working Adults with Disabilities Stakeholder Meeting Announcement and Invitation

The Health First Colorado Buy-In Program for Working Adults with Disabilities allows adults with a qualifying disability to "buy into" Health First Colorado. Members who work and earn too much to qualify for Health First Colorado may qualify for the Buy-In Program. Interested stakeholders are invited to a virtual stakeholder meeting to learn about updates being made to the Buy-In Program for Working Adults with Disabilities effective July 1, 2025.

Staff from the Department will present an overview of the changes being made to how Health First Colorado members enroll in the Buy-In Program for Working Adults with Disabilities.

These changes will specifically impact Health First Colorado members who also receive services through Home and Community-Based Services (HCBS) waivers. Attendees are invited to learn and ask questions about the upcoming changes.



**Meeting date and time:** May 8, 2025, 1:00 p.m. to 2:30 p.m. Mountain Time

**Registration and location:** The meeting will be virtual via Zoom.  
[Register in advance.](#)

Attendees will receive a confirmation email after registering with information about joining the webinar.

A recording of the meeting may be requested by emailing [HCPF\\_stakeholders@state.co.us](mailto:HCPF_stakeholders@state.co.us).

Refer to the [Health First Colorado Buy-In Program For Working Adults With Disabilities web page](#) for more information about the program.

**Meeting Accommodation and Language Access Notice:** Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Contact [HCPF\\_stakeholders@state.co.us](mailto:HCPF_stakeholders@state.co.us) at least one (1) week prior to the meeting to make arrangements.

Las ayudas y servicios auxiliares para individuos con discapacidades y servicios de idiomas para individuos cuyo idioma materno no sea inglés pueden estar disponibles por solicitud. Envíeme un correo electrónico a [HCPF\\_stakeholders@state.co.us](mailto:HCPF_stakeholders@state.co.us) al menos una (1) semana antes de la reunión para hacer los arreglos necesarios.

# Home and Community-Based Services (HCBS), Home Health

## New Live-in Caregiver (LIC) Panel

Updates have been made to the LIC exemption process using the [Provider Web Portal](#).

A tiered approach is being implemented to help billing providers transition to the new Electronic Visit Verification (EVV) exemption request process using the Provider Web Portal. This phased strategy begins with the release of the revised EVV Exemption Form, followed by a testing phase of the revised EVV Exemption Process. This phase will lead to the activation of the EVV exemption prepayment claim edit. Once activated, claims will deny if billed with an EVV LIC or ADA exemption without an active EVV exemption on file in the Provider Web Portal. This phased approach is designed to reduce the administrative burden and financial impact.

### Billing Provider Responsibilities and New Process Highlights

Billing providers are still responsible for ensuring accurate and complete documentation for each EVV exemption. The following highlights key components of the new EVV exemption process:

- A new EVV Exemption Form has replaced the old “EVV Live-in Caregiver Attestation Form.” The new EVV Exemption Form, which includes instructions and supporting documentation requirements, is available on the [EVV Newsletters and Resources web page](#). Once an EVV Exemption Form is completed, the new formalized process requires billing providers to submit EVV exemption requests through the Provider Web Portal within 30 days of the member’s attestation date.
- The transition to utilizing the Provider Web Portal does not change the billing provider’s responsibilities or requirements for EVV exemption requests. Pre-approval is still required for extenuating circumstances and Americans with Disabilities Act (ADA) reasonable modification and must be obtained before submitting EVV exemption documentation through the Provider Web Portal.
- Once uploaded to the Provider Web Portal, providers will receive notifications 60 and 30 days before expiration of a LIC exemption, on the day of expiration and 30 days after.

Additional information can be found in [Operational Memo 25-008 - Revised EVV Exemption Process - January 2025](#). Refer to the [January 2025, October 2024, and July 2024 EVV General Stakeholder Meeting Presentations or recordings](#) for previous information. An EVV General Stakeholder Meeting will be held on April 15, 2025, to gather feedback for the new process.



Contact [EVV@state.co.us](mailto:EVV@state.co.us) with any questions or visit the [Electronic Visit Verification web page](#) for more information.

## Home Health Providers

### Acute Home Health 60-Day Limit Reminder

Home Health providers are reminded that acute home health services may only be provided for 60 or fewer calendar days or until the acute medical condition is resolved, whichever comes first. A member may receive additional periods of acute home health services when at least 10 days have elapsed since the member's discharge from an acute home health episode, and one (1) of the following circumstances occurs:

- The member has a change in medical condition that necessitates acute home health services.
- New onset of a chronic medical condition
- Treatment needed for a new acute medical condition or episode

If the acute home health member is hospitalized for planned or unplanned services for 10 or more calendar days, the home health agency may close the member's acute home health episode and start a new acute home health episode when the member is discharged.



#### Acute Home Health Limitations:

A new period of acute home health services may not be used for the continuation of treatment from a prior acute home health episode. A new acute episode must be utilized for a new or worsening condition. Reference [10 CCR 2505-10.8.520.4.C.1.i](#) for additional information on acute home health limitations.

Providers must cease any continuation of treatment from a prior acute home health episode. The provider should transition the member to Long-Term Home Health services if a provider believes a member will need more than 60 days of acute home health services.

Email Devinne Parsons at [Devinne.Parsons@state.co.us](mailto:Devinne.Parsons@state.co.us) with any questions regarding acute home health policy.

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## Hospital Providers

### General Updates

#### Hospital Stakeholder Engagement Meetings

Bi-monthly Hospital Stakeholder Engagement Meetings will be hosted by the Department to discuss current topics regarding ongoing rate reform efforts and operational concerns. [Sign up to receive the Hospital Stakeholder Engagement Meeting newsletters.](#)

- The next Hospital Stakeholder Engagement Meeting is set for **Friday, May 2, 2025, from 9:00 a.m. to 11:00 a.m. Mountain Time** and will be hosted virtually.

Visit the [Hospital Stakeholder Engagement Meeting web page](#) for more details, meeting schedules and past meeting materials. **Calendar Year 2025 meeting dates have been posted.**

Contact Della Phan at [Della.Phan@state.co.us](mailto:Della.Phan@state.co.us) with any questions or topics to be discussed at future meetings. Advanced notice will provide the Facility Rates Section time to bring additional Department personnel to the meetings to address different concerns.

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## Fiscal Year (FY) 25-26 Inpatient (IP) Base Rates

FY 25-26 IP Base Rates effective July 1, 2025, are currently being rebased. Hospital-specific data points that are inputs into the model to create the inpatient base rates were available for review on March 17, 2025. An email was sent out to all hospital stakeholders notifying them when the document was posted to the [Inpatient Hospital Payment web page](#) for the 30-day review period. Contact [Diana Lambe and Andrew Abalos](#) with any questions or concerns.

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## Proposed Outpatient Hospital Payment Weights

A version update is being proposed by the Department to the Enhanced Ambulatory Patient Grouping (EAPG) methodology which is used in pricing outpatient hospital claims. As per the methodology outlined during the March 7, 2025, Hospital Stakeholder Engagement Meeting, the Department has posted its proposed version 3.18 EAPG weights to the [Outpatient Hospital Payment web page](#) as well as service and hospital-specific payment differentials.

Review the proposed weights and provide feedback to Andrew Abalos at [Andrew.Abalos@state.co.us](mailto:Andrew.Abalos@state.co.us) by April 18, 2025.

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## Pharmacy and Primary Care Providers (PCPs)

### Chronic Pain Treatment Resource



Health First Colorado members living with chronic pain may be unsure of how to access providers who are best equipped to help manage their pain.

The Centers of Excellence in Chronic Pain offers expanded pain consultation services and accredited education to any PCP or pharmacist who would like support in managing chronic pain treatment for Health First Colorado members.

The Centers of Excellence team includes a physician pain consultant and a pharmacist (PharmD) who utilize best practices in pain management to support physical and behavioral health. Referral coordination for members is offered by Health First Colorado to help resolve recurring issues, such as barriers with prior authorizations, delays in care, difficulty with

expediting member referrals to pain specialists and other issues that might be experienced by PCP or care coordination teams.

The program has developed an accredited, on-demand educational series for PCPs and pharmacists. The webinar can be accessed from the [Chronic Pain Centers of Excellence Educational Series - Home Study web page](#).

Contact Judy Mooney at [Judy.Mooney@state.co.us](mailto:Judy.Mooney@state.co.us) or 1-303-328-7902 for more information or to submit a referral.

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## Pharmacy and Durable Medical Equipment (DME)

### Providers

#### Continuous Glucose Monitor (CGM) Reimbursement Option Expansion Stakeholder Meeting

Policy changes are being shared by the Department regarding expansion of CGM medical device reimbursement options with time for questions and clarification.

- **Meeting date and time:** Wednesday, May 7, 2025, 12:00 p.m. to 1:00 p.m. Mountain Time
- **Registration and location:** The meeting will be held virtually via Zoom. [Register in advance](#).

The meeting recording will be posted to the [Continuous Glucose Monitoring web page](#) for those unable to attend.

Written feedback may be submitted via email to [HCPF\\_stakeholders@state.co.us](mailto:HCPF_stakeholders@state.co.us).

#### Meeting Accommodation and Language Access Notice

Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Notify Kelsey Leva at [HCPF\\_Stakeholders@state.co.us](mailto:HCPF_Stakeholders@state.co.us), or the Civil Rights Officer at [HCPF504ADA@state.co.us](mailto:HCPF504ADA@state.co.us) at least one (1) week prior to the meeting to make arrangements.

Las ayudas y servicios auxiliares para individuos con discapacidades y servicios de idiomas para individuos cuyo idioma materno no sea inglés pueden estar disponibles por solicitud. Comuníquese con Kelsey Leva a [HCPF\\_stakeholders@state.co.us](mailto:HCPF_stakeholders@state.co.us), o con el oficial de derechos civiles a [HCPF504ADA@state.co.us](mailto:HCPF504ADA@state.co.us) al menos una (1) semana antes de la reunión para hacer los arreglos necesarios.

#### Resources

Refer to the [Durable Medical Equipment \(DME\) Billing Manual](#) for more information about Continuous Glucose Monitor (CGM) benefit coverage.

Contact Kelsey Leva at [HCPF\\_Stakeholders@state.co.us](mailto:HCPF_Stakeholders@state.co.us) for more information.

## Physician-Administered Drug (PAD) Providers

### Prior Authorization (PA) Update



Effective April 1, 2025, the medications and Healthcare Common Procedure Coding System (HCPCS) codes listed below will be added to the list of PADs that require prior authorization. The full list of PADs that require prior authorization can be found on [Appendix Y: Physician Administered Drug Medical Benefit Prior Authorization Procedures and Criteria](#).

Providers should ensure that any Health First Colorado member receiving any of the following PADs have an approved PA on file prior to administration.

All PAD PA procedures, clinical criteria and PADs subject to prior authorization requests (PARs) can be found on [Appendix Y: Physician Administered Drug Medical Benefit Prior Authorization Procedures and Criteria](#), accessible via the [PAD Provider Resources web page](#).

Additional information regarding PAD PA requirements can be found via [ColoradoPAR: Health First Colorado Prior Authorization Request Program](#) and the [Physician Administered Drug Provider Resources web page](#).

All other PAD questions can be directed to [HCPF\\_PAD@state.co.us](mailto:HCPF_PAD@state.co.us).

HCPCS	Drug Name
J0179	Beovu (brolucizumab)
J2777	Vabysmo (faricimab)
J2778	Lucentis (ranibizumab)
J1307	Piasky (crovalimab)
J1552	Alyglo
J2802	romiplostim
J7171	Adzynma (apadamtase alfa)

### Quarter 2 Rate Update 2025

The PAD rates for the second quarter of 2025 have been updated. The new rates are effective April 1, 2025, and are posted to the [Provider Rates & Fee Schedule web page](#) under the [Physician Administered Drug Fee Schedule section](#).

# Physician-Administered Drug (PAD) Providers, Hospital Providers

## PADs and Hospital Specialty Drugs: Policy Clarification

### PAD Prior Authorization (PA) Policy

Certain PADs administered in a non-outpatient hospital office or clinic fall under the PAD PA policy. PADs requiring a PA are listed on [Appendix Y: Physician Administered Drug Medical Benefit Prior Authorization Procedures and Criteria](#).

The providers subject to this policy bill claims on the professional (CMS 1500) claim type.

Providers must ensure a PA request is submitted to Acentra Health through the [Atrezzo® portal](#) and an approval is received prior to administering the PAD to the member. Additional information, recorded trainings and user guides are provided on the [ColoradoPAR: Health First Colorado Prior Authorization Request Program web page](#).

The servicing provider must be the billing provider when entering a PAD PA request in Atrezzo. If entering the rendering or administering provider as the servicing provider, there may be instances when the rendering provider type produces a PAR submission error, or billed claims deny for mismatched PA.

### Hospital Specialty Drug Program

Approved drugs fall under the Hospital Specialty Drug policy. The list of specialty drugs subject to this policy are listed on [Appendix Z: Hospital Specialty Drugs List](#).

The providers subject to this policy bill claims on the UB-04, or institutional, claim type.

Member-specific PA requests must be submitted directly to the Department and approved prior to the administration of the specialty drug. Resources including Appendix Z, coverage standards, request forms and submission requirements are listed on the [PAD Provider Resources web page](#) under the Hospital Specialty Drug policy drop-down.



Medications administered in the inpatient setting should not utilize 340B inventory.

### General Information

Retroactive requests are not usually considered, and PA approval does not guarantee payment.

Additional policy information can be found in the [Physician-Administered Drugs Billing Manual](#), [Inpatient/Outpatient \(IP/OP\) Billing Manual](#) and on the [PAD Provider Resources web page](#).

Additional questions may be directed to [HCPF\\_PAD@state.co.us](mailto:HCPF_PAD@state.co.us).

## Physician Services

### Free Screening, Brief Intervention and Referral to Treatment (SBIRT) Training for Health First Colorado Providers

Free SBIRT training for Health First Colorado providers is provided through partnership with Peer Assistance Services, Inc. (PAS). PAS has provided SBIRT training and support since 2006. The SBIRT program promotes prevention and early intervention efforts through in-person, online and virtual training; technical assistance; and hands-on SBIRT implementation.

In order to directly deliver screening and intervention services, providers are required to participate in training that provides information about the implementation of evidence-based protocols for screening, brief interventions and referrals to treatment. Face-to-face trainings and consultations are available through various entities such as [SBIRT Colorado](#), [Colorado Community Managed Care Network](#) and the [Emergency Nurses Association](#).

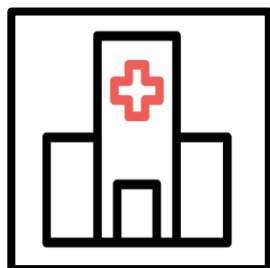
Visit the [PAS training calendar](#) to register for an upcoming training. The shared goal is to promote SBIRT as a standard of care throughout Colorado. Refer to the [SBIRT Billing Manual](#) to learn more about best billing practices.

Contact Janelle Gonzalez at [Janelle.Gonzalez@state.co.us](mailto:Janelle.Gonzalez@state.co.us) with questions.

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## Physician Services, Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), Hospital Providers

### Behavioral Health Counseling Codes G0442-G0445



Behavioral Health Counseling codes ranging from G0442 to G0445 have been open for Medicare crossover claim reimbursement by Health First Colorado since January 1, 2012.

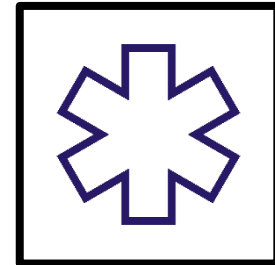
It was discovered that non-crossover claims were suspending for manual pricing, which is inconsistent with policy from the Department. Effective March 3, 2025, the manual pricing suspension has been ended in the Colorado interChange. Email Morgan Anderson at [Morgan.Anderson@state.co.us](mailto:Morgan.Anderson@state.co.us) with any questions.

## Qualified Residential Treatment Programs (QRTPs), Psychiatric Residential Treatment Facilities (PRTFs)

### Critical Incident Reporting

Effective April 14, 2025, QRTPs and PRTFs are required to submit all critical incident reports that involve Health First Colorado members to the Department. This requirement does not replace or supersede any existing reporting requirements for other state agencies or departments.

All critical incidents, as defined in the Colorado Department of Human Services (CDHS) rule at [12 C.C.R. 2509-8: 7.701.2](#), must be reported to the Department for Health First Colorado members only, with non-member information being anonymized. Providers must follow all critical incident reporting and timing requirements as described in CDHS rule at [12 C.C.R. 2509-8: 7.701.52](#) when reporting to the Department.



CDHS rule at [12 C.C.R. 2509-8: 7.701.2](#) states that critical incidents include death, abuse and neglect, injury, illness and emergency response. See the rule text for further details and explanation.

CDHS rule at [12 C.C.R. 2509-8: 7.701.52](#) states that critical incidents must be reported within 24 hours, excluding weekends and holidays, of the occurrence of a critical incident at the facility or within 24 hours of a child's return to the facility.

PRTFs must report "serious occurrences," as defined under [42 C.F.R. § 483.374](#), regardless of the individual's Health First Colorado status. The federal regulations state that serious occurrences that must be reported include a resident's death, a serious injury to a resident and a resident's suicide attempt.

Staff must report any serious occurrence involving a resident to both the State Medicaid agency (Health First Colorado) and the State-designated Protection and Advocacy system by no later than close of business the next business day after a serious occurrence. The report must include the name of the resident involved in the serious occurrence, a description of the occurrence and the name, street address and telephone number of the facility.

Critical Incidents and Serious Occurrences must be submitted to the Department via the [Residential Childcare Provider Critical Incident Information Form](#).

Contact Christina Winship at [Christina.Winship@state.co.us](mailto:Christina.Winship@state.co.us) with questions on QRTP and PRTF policy and billing.

## Vision Providers

### Ordering, Prescribing and Referring (OPR) Claim Identifier Mandate

Effective April 1, 2025, Health First Colorado will begin editing vision services claims for compliance with federal Ordering, Prescribing and Referring (OPR) regulations ([42 CFR § 455.440](#)).

The following providers are eligible to **order, prescribe or refer** vision services when enrolled with Health First Colorado and licensed by the Colorado Department of Regulatory Agencies (DORA) or the licensing agency of the state in which they do business: Optometrists, Ophthalmologists and Physicians.

The following providers are eligible to **render** vision services when enrolled with Health First Colorado and licensed by DORA or the licensing agency of the state in which they do business: Optometrists, Ophthalmologists and Opticians.

The OPR provider indicated on the claim **must** be actively enrolled with Health First Colorado ([42 CFR § 455.410\(b\)](#)). If the indicated provider is not actively enrolled the claim will be denied.

It is important for OPR providers to understand the implications of failing to enroll in Health First Colorado. The providers who render services to Health First Colorado members based on the order, prescription or referral from an OPR provider will not be reimbursed for such items or services unless the OPR provider is enrolled.

Vision providers are reminded to include the OPR provider on claims and to ensure the OPR provider is currently enrolled with Health First Colorado. The OPR field on the CMS 1500 Professional claim form is 17b and in fields 76-79 on the UB-04 Institutional claim form. This field may be labeled as Referring Provider in the Provider Web Portal. Claims with services requiring OPR provider(s) will post Explanation of Benefits (EOB) 1997- "The referring, ordering, prescribing or attending provider is missing or not enrolled. Please resubmit with a valid individual National Provider Identifier (NPI) in the attending field," if the OPR provider is not enrolled with Health First Colorado.

Below is a visual example of the CMS 1500 Professional claim form with an indicator of where the NPI number should be populated:

The image shows a portion of the CMS 1500 Professional claim form. A red arrow points to field 17b, which is labeled 'NPI'. The form includes fields for dates, provider information, and charges. The fields are organized into a grid with labels and sub-labels.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL	15. OTHER DATE QUAL MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a 17b NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	19. ADDITIONAL CLAIM INFORMATION (Designated by NUC)
		20. OUTSIDE LAB? \$ CHARGES

UB-04 outpatient hospital claims would populate the required NPI in the attending provider field (#76) or the Other ID field (#78 or #79). The following is a visual example of where the OPR NPI must be populated:

The image shows a sample CMS-1500 medical claim form. Red arrows indicate the mapping from procedure codes in the 74 and 75 boxes to the NPI fields in the 76, 77, 78, and 79 boxes. The form includes fields for patient information, procedure codes, dates, and provider information.

Missing OPR NPIs will result in claim denials beginning April 1, 2025.

Providers are highly encouraged to [sign up to receive Department communications](#).

Contact the [Provider Services Call Center](#) with questions about claim denials.

Contact Christina Winship at [Christina.Winship@state.co.us](mailto:Christina.Winship@state.co.us) with any policy questions.

Refer to the [Vision Care and Eyewear Billing Manual](#) for more information on billing vision claims.

Refer to the [Ordering, Prescribing, and Referring Claim Identifier Project web page](#) for more information about OPR requirements.

## Provider Training Sessions

### April 2025 Schedule

Providers are invited to sign up for a provider training session. Training sessions focused on Health First Colorado are offered:

- Beginner Billing: Professional Claims (CMS-1500)
- Medicare and Third-Party Liability

All sessions are held via webinar on Zoom, and registration links are shown in the calendar below and on the [Provider Training web page](#). The availability of training sessions varies monthly.

### Provider Enrollment

Provider enrollment training is designed for providers at various stages of the initial enrollment process with Health First Colorado. It provides an overview of the program and guidance on the provider application process, including enrollment types, common errors and enrollment with other entities (e.g., DentaQuest, Regional Accountable Entities [RAEs], Health First Colorado vendors). It also provides information on next steps after enrollment. Note that it does not provide guidance on revalidation for already enrolled providers.

## Beginner Billing Training

There are two (2) beginner billing training sessions offered. One (1) is for providers that submit professional claims (CMS 1500), and the other is for providers that submit institutional claims (UB-04). These training sessions are identical except for claim submission specifics.

Click “[Which Beginner Billing Training Do I Need?](#)” on the [Provider Training web page](#) to find training aligned to provider type.

Beginner billing training provides a high-level overview of member eligibility, claim submission, prior authorizations, [Department website](#) navigation, [Provider Web Portal](#) use and more.

Staff who submit claims, are new to billing Health First Colorado services or who need a billing refresher course should consider attending one of the beginner billing training sessions.

## Intermediate Billing Training

Intermediate billing training covers claims processing and Remittance Advice (RA) via the Provider Web Portal and batch, secondary billing with commercial insurance and Medicare, attachment requirements, timely filing, suspended claims, adjustments and voids, reconsiderations, resubmissions and more.

## Provider-Specific Training

Provider-specific training sessions cover topics unique to providers.



**Note:** These sessions offer guidance for Health First Colorado only. Providers are encouraged to contact the Regional Accountable Entities (RAEs), Child Health Plan *Plus* (CHP+) and Medicare for enrollment and billing training specific to those organizations. Training for the Care and Case Management (CCM) system will not be covered in these training sessions. Visit the [CCM System web page](#) for CCM-specific training and resources.

Refer to the Provider Web Portal Quick Guides located on the [Quick Guides web page](#) for more training materials on navigating the Provider Web Portal.

## Live Webinar Registration

Click the title of the desired provider training session in the calendar to register for a webinar. An automated response will confirm the reservation.

**Note:** Webinars may end early. Time has been allotted for questions at the end of each session.

April 2025				
Monday	Tuesday	Wednesday	Thursday	Friday
	1	2	3	4
7	8	9	10	11

April 2025				
14	15	16 <a href="#">Beginner Billing Training: Professional Claims (CMS 1500)</a> 9:00 - 11:30 am	17	18
21	22	23 <a href="#">Billing Training: Medicare &amp; Third-Party Liability</a> 9:00-10:00 am	24	25
28	29	30		

## Upcoming Holidays

Holiday	Closures
<b>Memorial Day</b> May 26, 2025	State Offices, AssureCare, Acentra, DentaQuest, Gainwell, Prime Therapeutics and Optum will be closed. Capitation cycles for managed care entities may potentially be delayed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United States Postal Service or providers' individual banks.

## Gainwell Technologies Contacts

### Provider Services Call Center

1-844-235-2387

### Gainwell Technologies Mailing Address

P.O. Box 30 Denver, CO 80201